

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 178

Primary Registration District No. 5660

Registrar's No. 35011638

STATE FILE NUMBER

APPELLED 09 65

1. PLACE OF DEATH
a. COUNTY LEWIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN DICKERSON

Length of stay in b.
2 years

c. CITY OR TOWN MONTICELLO

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION PRAIRIE VIEW R.H.

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
XXXXXXXXXXXXX XXXXXXXXXXXXX

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
CHARLES STEWART SCHORK

4. DATE OF DEATH

Month Day Year
APRIL 3, 1965

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/27/82

9. AGE (last birthday)

82 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CONSTRUCTION

10b. KIND OF BUSINESS OR INDUSTRY

BUILDING

11. BIRTHPLACE (City and state or country)

MONTICELLO, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

THEODORE SCHORK

13b. MOTHER'S MAIDEN NAME

AMELIA LUNDSCHIEIN

14. NAME OF HUSBAND OR WIFE

LILLY SCHORK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

XXXXXXXXXX

17. INFORMANT

JESS SCHORK, MONTICELLO, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2 July 63 to 3 April 65 and last saw him alive on 25 May 65.
Death occurred at D.D. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4/15/65

23c. NAME OF CEMETERY OR CREMATORY

MONTICELLO CEMETERY

23d. LOCATION (City, town, or county)

MONTICELLO, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

LEWISTOWN, MO.

25. DATE RECD. BY LOCAL REG.

4-7-65

26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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DOCUMENT

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by CHARLES L. ARNOLD, JR., Student Embalmer No. #695
working under my personal supervision.

Student Charles L. Arnold, Jr.
Signature of Student Embalmer

Signed Charles L. Arnold, Jr.

Licensed Embalmer No. #4667

P. O. Address LEWISTOWN, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER (in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.